

CONTRACTOR'S REQUEST AND CERTIFICATION FOR ACCEPTANCE

Project Name	Department's Contract Number
Department's Project Number	Work Completion Date
Contractor	Name of Contractor's Authorized Officer

This form must be completed by an officer on behalf of, and with the approval of, the Contractor, which must be signed and sworn to as accurate before a Notary Public. Contracts will not be considered for acceptance until the completed form has been received and accepted. The Contractor must certify all items without qualification or exception - failure to completely certify to all by initials will result in immediate rejection of the request for acceptance and no issuance of a Certificate of Completion.

DO NOT SUBMIT THIS FORM UNTIL ALL ITEMS ARE CERTIFIED AS TRUE!

The Contractor is aware that this form will be used by the Department to initiate the final payment for the contract being accepted, and that any false, fictitious or fraudulent statement or information in this certification, or an item that is certified as true but is found to be untrue, may be a false claim, subjecting the Contractor and the undersigned to civil/criminal sanctions for a false claim and/or a finding of nonresponsibility against the Contractor.

The Contractor hereby certifies that (Authorized officer will ***initial*** each and sign below only after ensuring each is true):

- _____ The work requested for acceptance has been completed in accordance with the contract's specifications, and the required materials have been used, both in quality and quantity.
- _____ All claims that will be made on the contract have been fully submitted in writing to the MDT Engineer, and are current as of this date.
- _____ There are no pending investigations referencing alleged nonpayment to subcontractors or suppliers.
- _____ There are no pending labor compliance or nonpayment claims on the contract.
- _____ There are no known environmental violations. The Contractor is responsible for any violations issued for damages prior to the transfer of the SWPPP.
- _____ All contract specific warranty periods (non-manufacturer) have expired.

State of Montana
County of _____

Signature of Authorized Officer of Contractor

Signed and sworn to (or affirmed) before me on _____ by _____
Date Name

NOTARY SEAL

Notary Public for the State of Montana

Notary Printed Name

Residing at _____

My Commission Expires _____

MDT Receipt
Date Stamp here

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The Contractor must provide this completed form to the MDT Project Manager, who will stamp it with a **RECEIVED** date stamp on the front page. Receipt will start the 10-day period for decision on whether the contract will be accepted or not. If it is discovered that one or more of the certifications is false or incorrect, this request will be rejected and must be re-submitted.

The Project Manager will immediately date stamp and FAX this form, if it is complete, to the Construction Administration Services Bureau [444-7297], the Civil Rights Bureau [444-7685], and the Materials Bureau [444-6204] for review. Civil Rights and Materials will notify the EPM and the Construction Administration Services Bureau in writing within 10 days after receipt by the EPM whether they have information that the contract is not complete. The EPM will inform the Contractor by signing below by the end of the 10 days if the contract has been finally accepted.

Project **Accepted** as of this _____ day of _____, 200_____

OR

Contractor's Request **Rejected** this _____ day of _____, 200_____ (letter follows)

MDT Project Manager